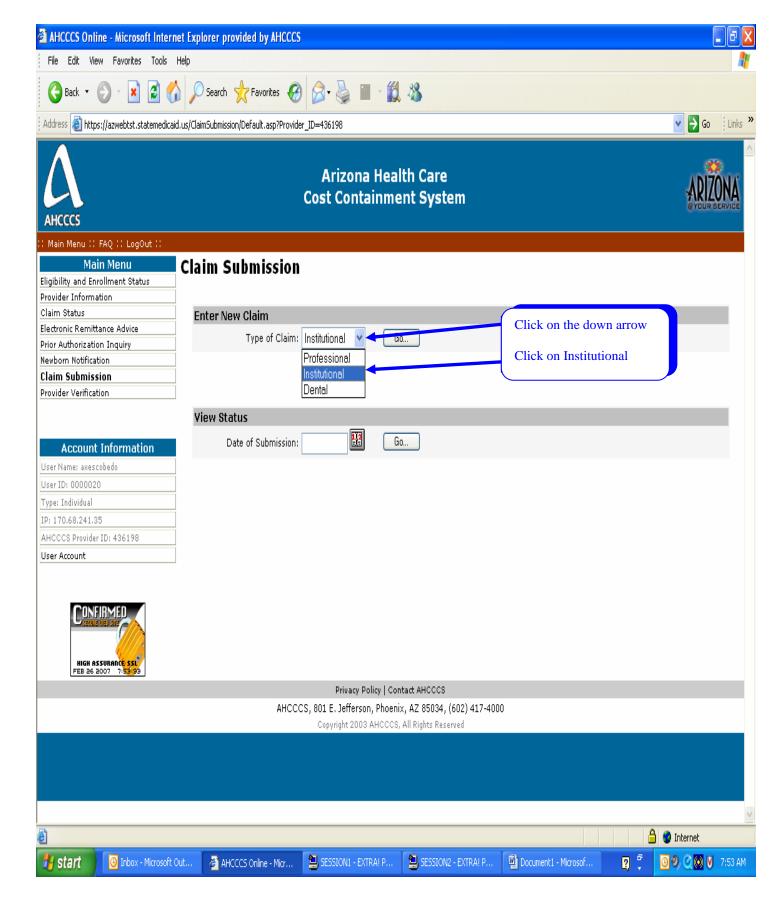
## AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

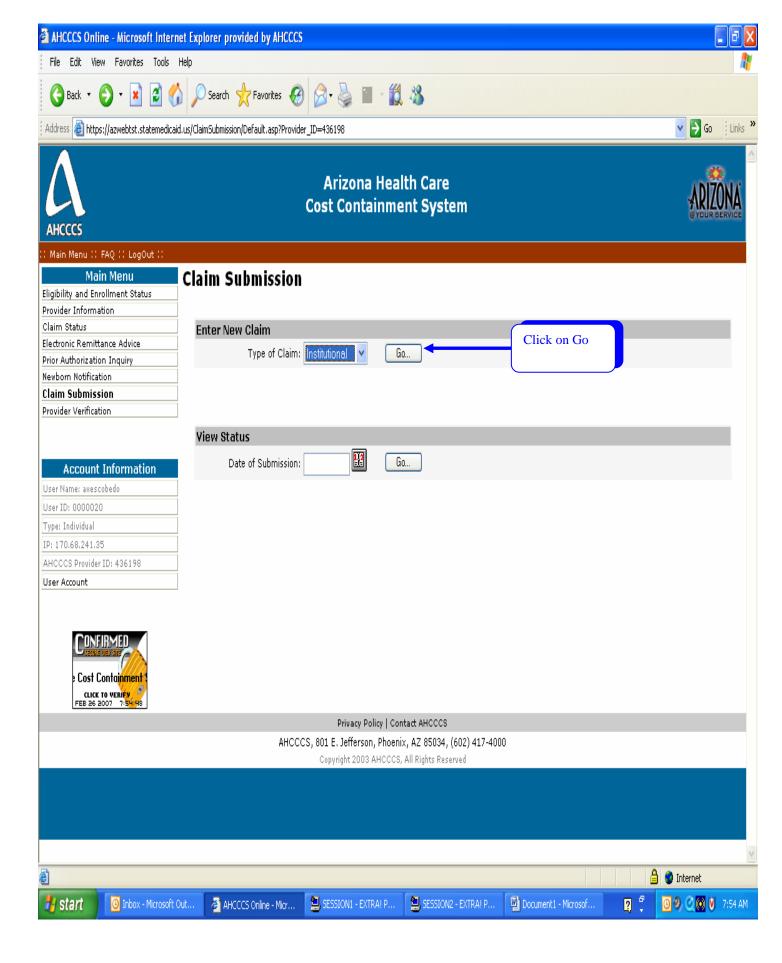
**Section 4.c:** 

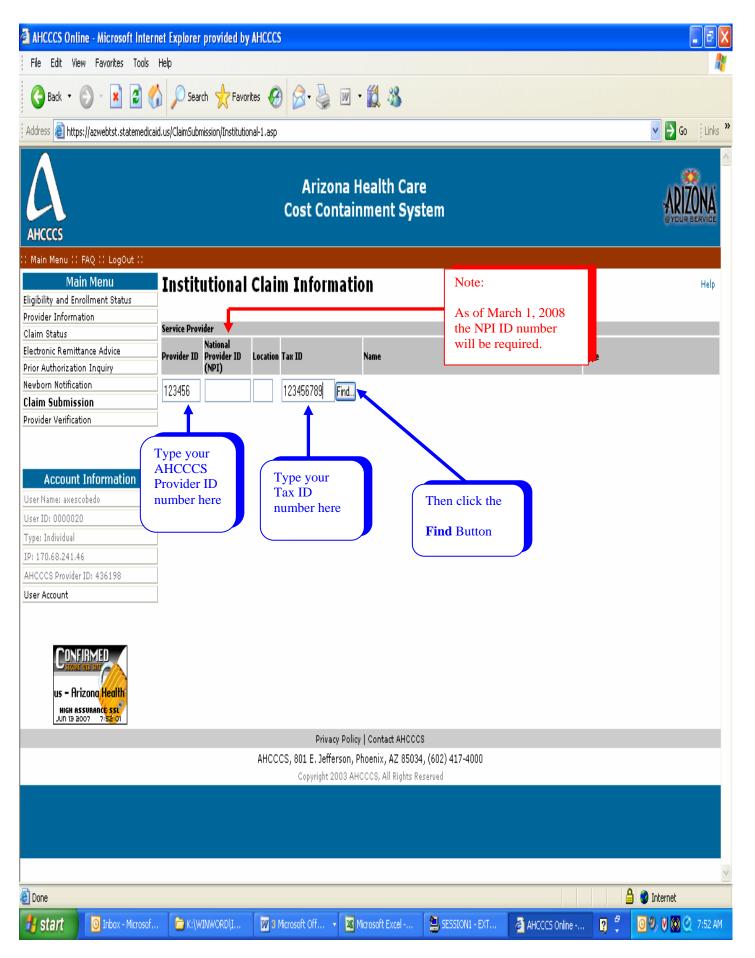
**Institutional (Outpatient/Clinic UB)** 



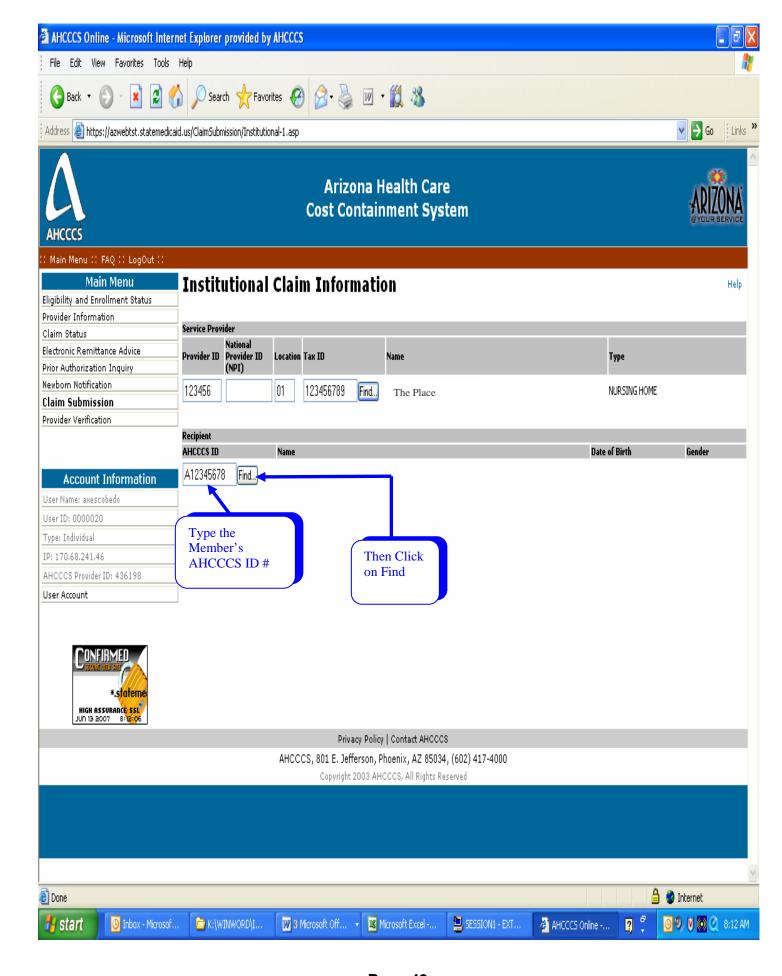


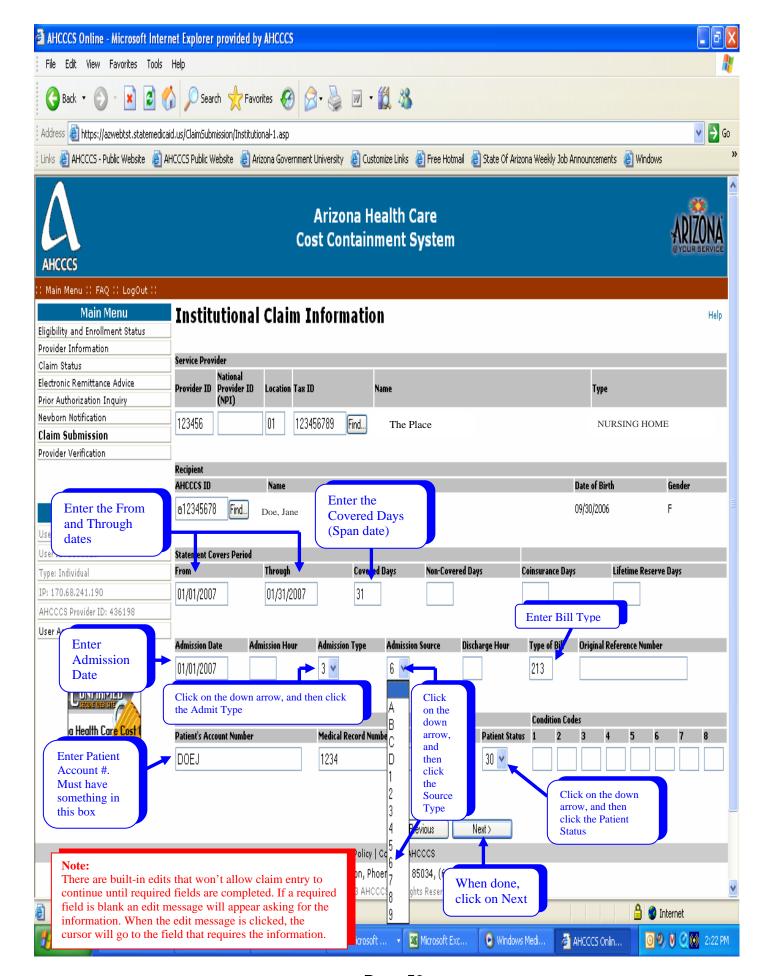
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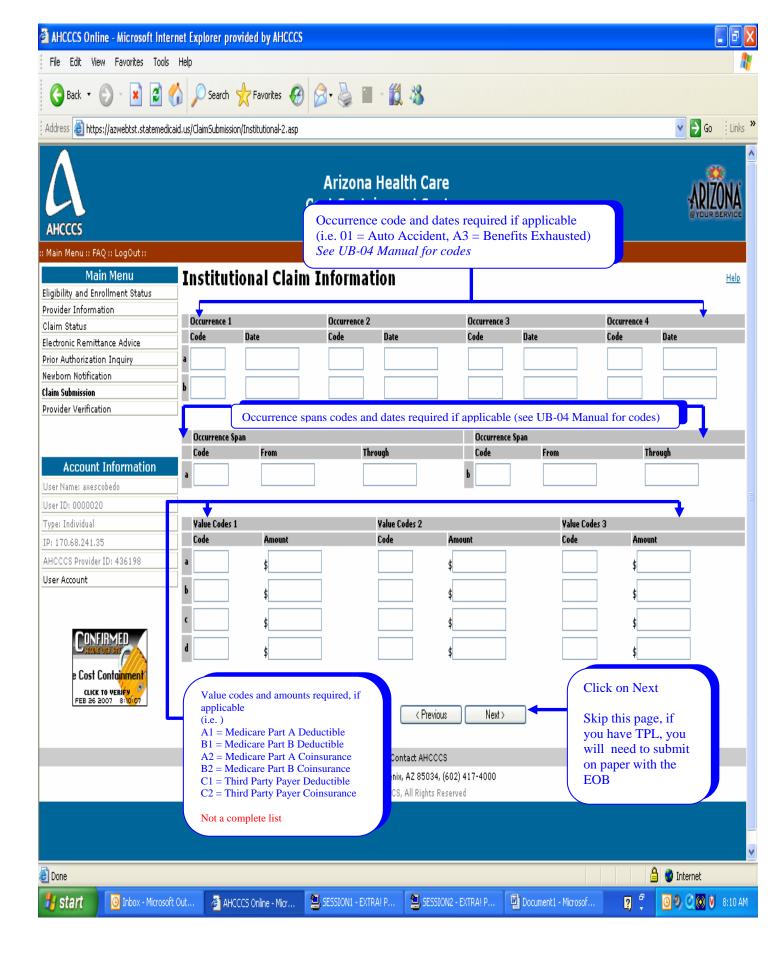


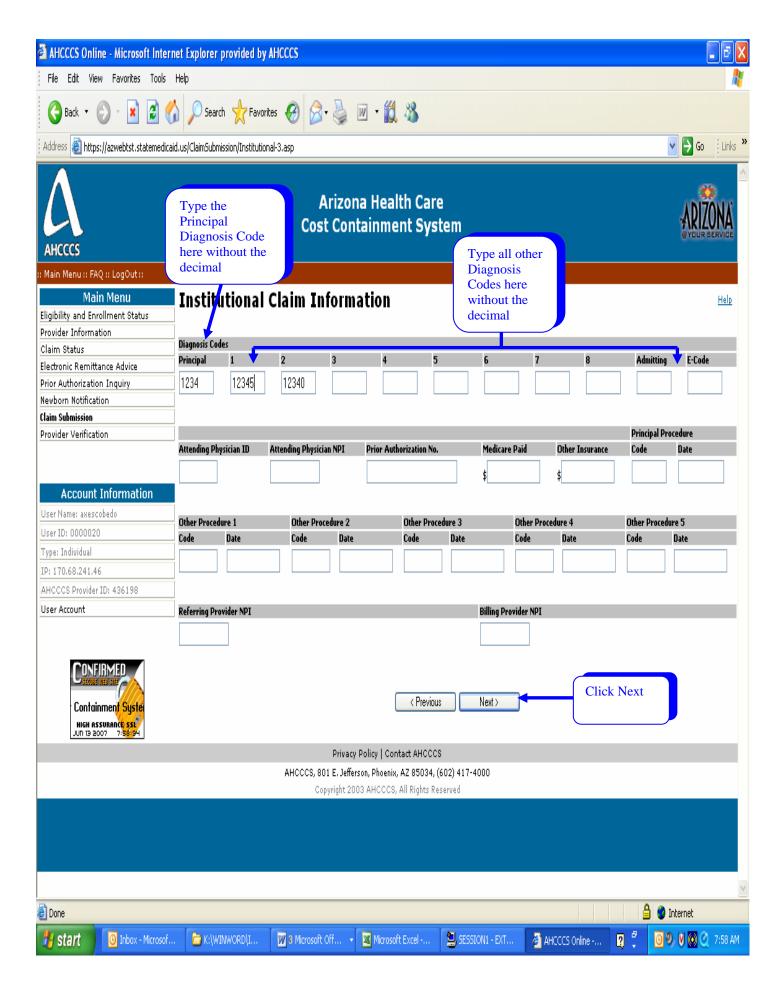
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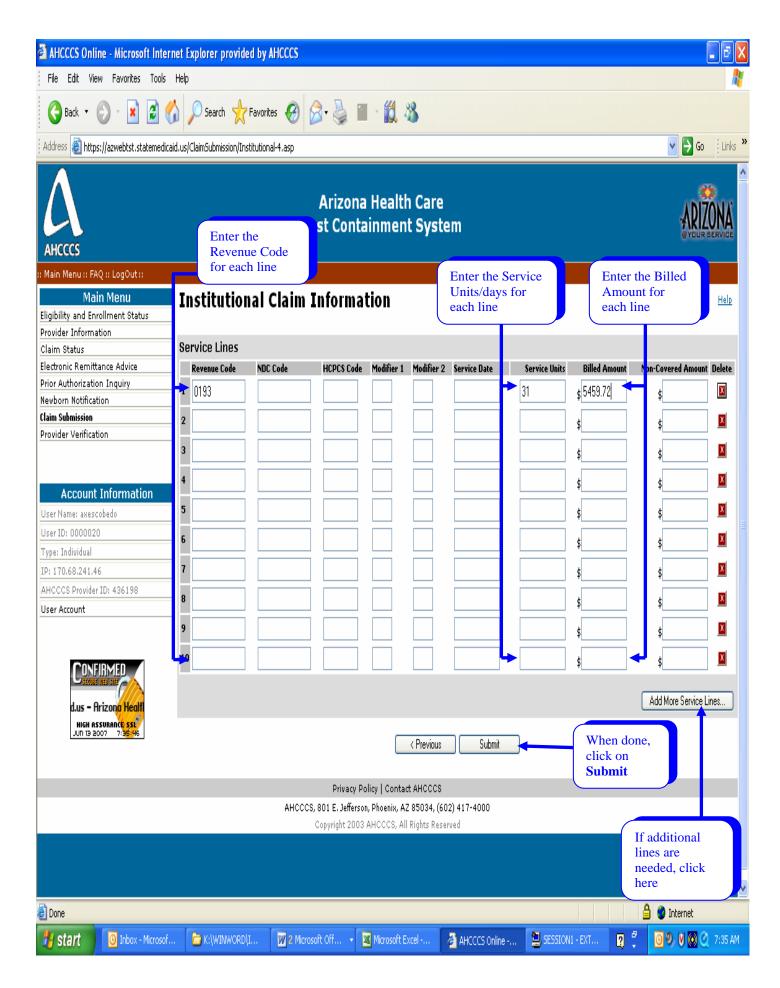


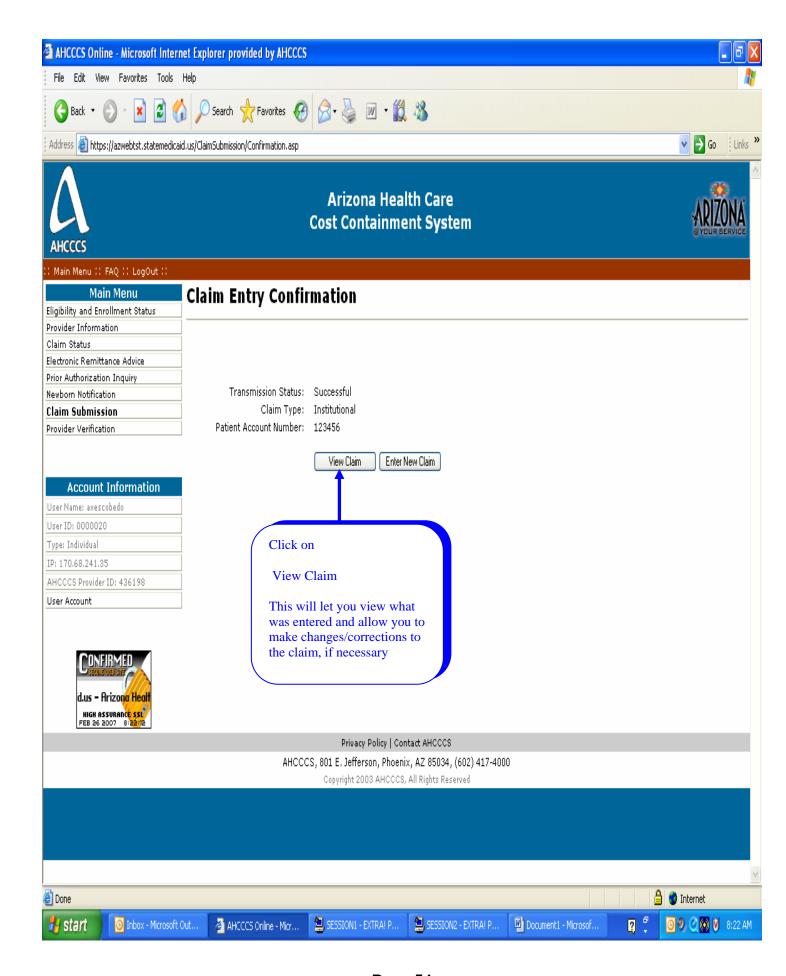


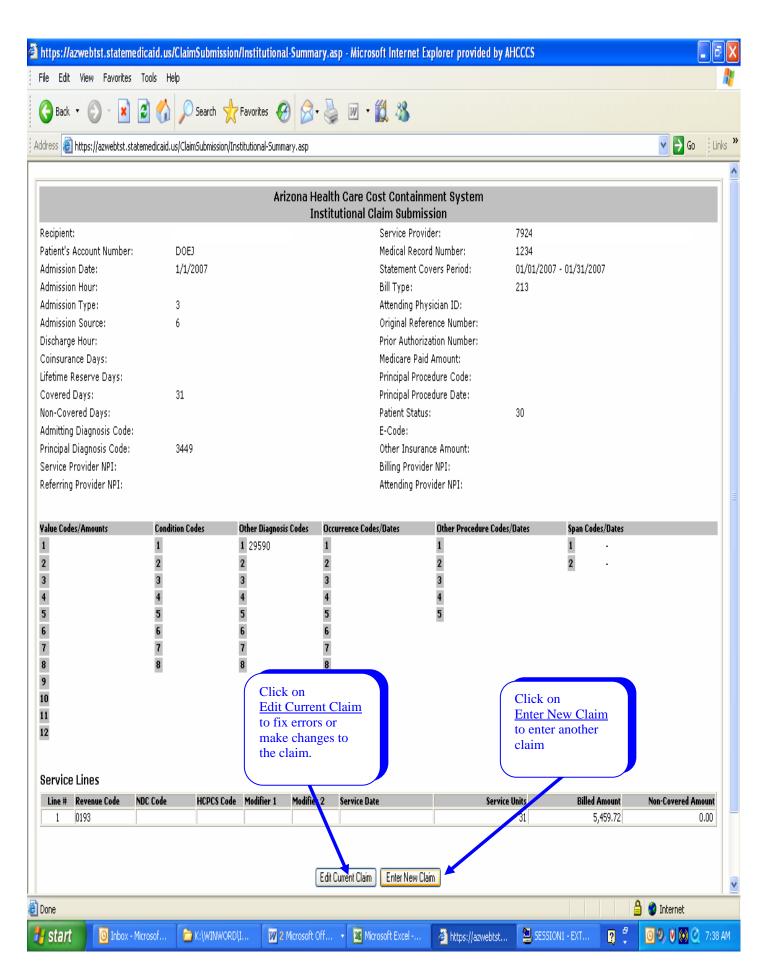
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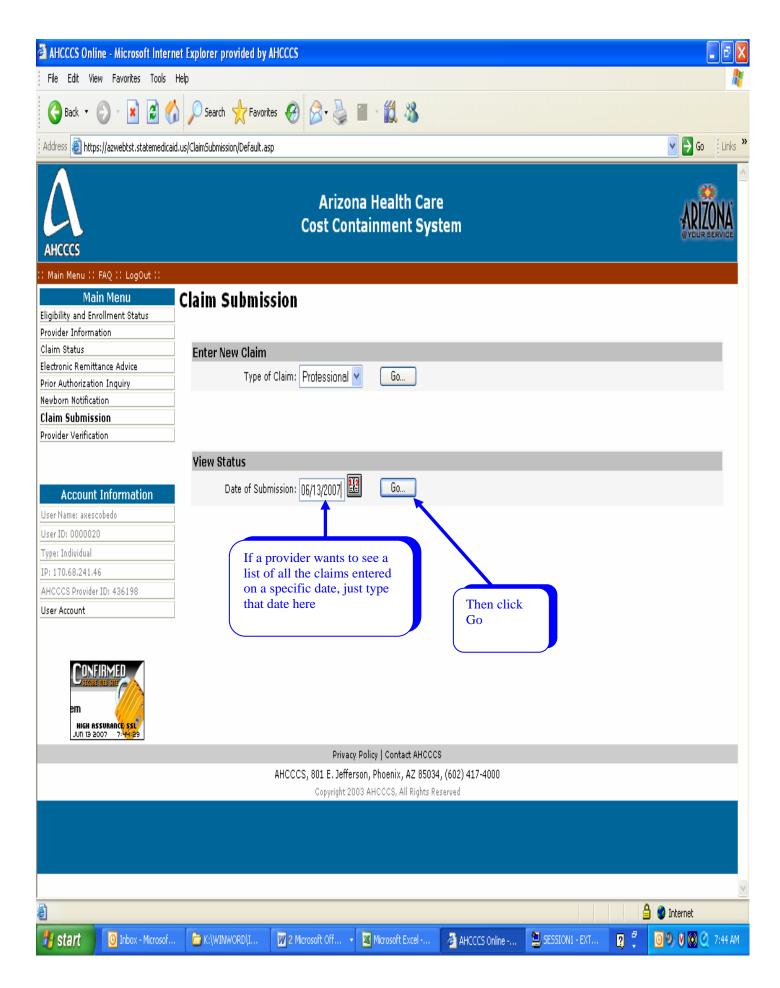


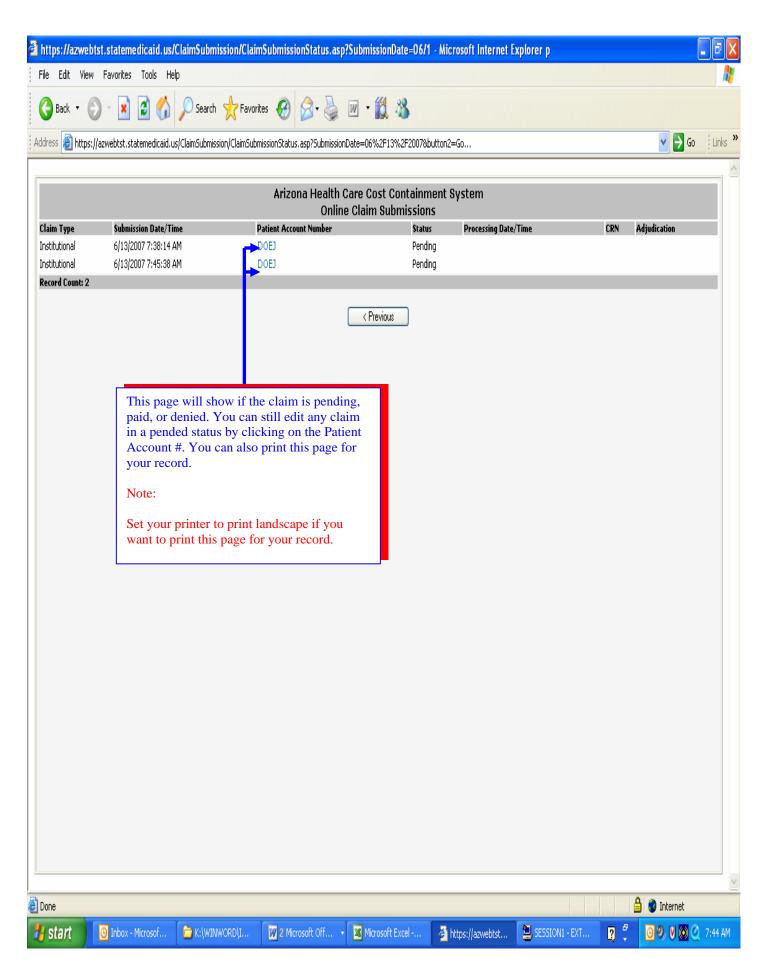






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